

12-14-04

PHA 4162.3 (C-3204/2/US)
PATENT

1624

1624

Express Mail No. EV 432654464 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Michael S. South et al.

Art Unit 1624

Serial No. 09/717,051

Filed November 20, 2000

Confirmation No. 2191

For SUBSTITUTED POLYCYCLIC ARYL AND HETEROARYL URACILS USEFUL
FOR SELECTIVE INHIBITION OF THE COAGULATION CASCADE

Examiner Deepak R. Rao

Fee
purpose
only

December 13, 2004

AMENDMENT A AND RESPONSE

TO THE COMMISSIONER FOR PATENTS,
P.O. BOX 1450
ALEXANDRIA, VIRGINIA 22313-1450

SIR:

In response to the Office action mailed August 11, 2004, please enter the
following amendments and consider the following remarks.

Amendments to the Claims are reflected in the Listing of Claims, which begin
at page 2 of this paper.

Remarks begin at page 45 of this paper.

Conclusion begins on page 49 of this paper.

12/16/2004 BABRAHA1 00000027 09717051

01 FC:1251

120.00 OP

01/12/2005 DHILLIA4 00000001 191345 09717051

01 FC:1202

1300.00 DA

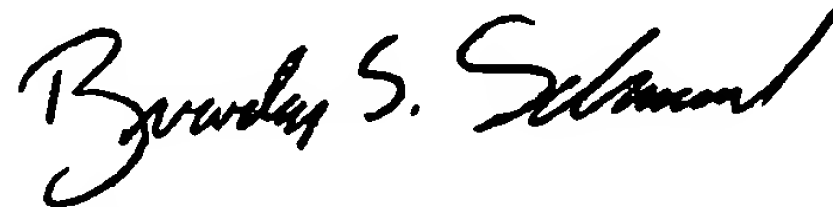
FEE VALUE ACCOUNTABILITY	
DEPOSIT ACCOUNT NO.	
19	1345
FEE CODE	VALUE FURNISHED
1202	1300.00

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CONCLUSION

In light of the foregoing, applicants request entry of the claim amendments and withdrawal of all claim rejections and objections, and solicit an allowance of the claims. The Examiner is invited to contact the undersigned attorney should any issue remain unresolved.

Respectfully submitted,



Bradley S. Schammel, Reg. No. 54,667
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BSS/vlm

FEE TRANSMITTAL

Application Number 09/717,051 Art Unit 1624
Filing Date November 20, 2000 Confirmation No. 2191
Inventors Michael S. South et al.
Examiner Name Deepak R. Rao
Attorney Docket Number PHA 4162.3 (3204/2)

[] Applicant claims small entity status.

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

[X] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. [] EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$ ____
Indep Claims ____ - ____ (HP) = ____ x Fee ____ = \$ ____
Multiple Dependent Claims Fee \$ ____
(HP = highest number of claims paid for)

Subtotal (2) \$ _____

3. [] APPLICATION SIZE FEE

Total Pages ____ - 100 = ____ + 50 = ____ x \$250 = \$ ____
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ _____

4. [X] OTHER FEE(S)

[X] One month extension of time
[] Information disclosure statement
[] 37 CFR 1.17(q) processing fee
[] Non-English specification
[] Notice of Appeal
[] Filing a brief in support of appeal
[] Request for oral hearing
[] Other: _____

Subtotal (4) \$120.00

TOTAL AMOUNT OF PAYMENT \$120.00

Bradley S. Schammel
Bradley S. Schammel, Reg. No. 54,667
Telephone: 314-231-5400

12/13/04
Date

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